



PATENT  
450100-02715

\$2177  
#8A  
11/30/04  
A.W.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Makoto YAMADA et al.

Serial No. : 09/662,699

For : RECORDING APPARATUS, RECORDING METHOD, AND  
DISC SHAPED RECORD MEDIUM

Filed : September 15, 2000

Examiner : Greta Lee Robinson

Art Unit : 2177

**RECEIVED**

DEC 22 2003

Technology Center 2100

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450, on December 11, 2003.

Dennis M. Smid, Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Signature

December 11, 2003

Date of Signature

12/16/2003 AOSMAN1 00000011 500320 09662699

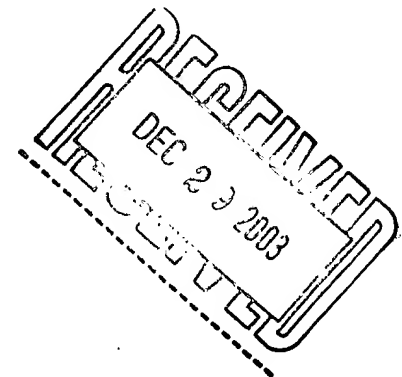
01 FC:1201 86.00 OP  
02 FC:1202 2.00 DA 34.00 OP

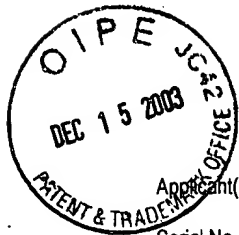
**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of September 11, 2003, please amend this  
application as follows.





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P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	22	Minus	= 20	2 ×	\$18(9)	= \$36.00
Independent claims	4	Minus	= 3	1 ×	\$84(42)	= \$84.00
			Total additional fee for this amendment			\$120.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid \_\_, or is paid herewith \_\_.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a \_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$120.00 is attached, which covers the cost of ☒ additional claims \_\_ petition for extension of time.
- ☐ Charge \$\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 11, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

December 11, 2003  
Date of Signature

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

By: Dennis M. Smid  
Reg. No. 34,930